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AMENDMENT / RESPONSE TRANSMITTAL

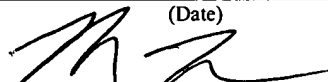
Applicant : KIRSCH, WOLFF M.
 App. No. : 10/032225
 Filed : 18-Dec-2001
 For : ADHESIVE INCLUDING
 MEDICAMENT AND DEVICE
 AND METHOD FOR
 APPLYING SAME
 Examiner : Lewis, K. M.
 Art Unit : 3761

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

August 27, 2004

(Date)



Rose M. Thiessen, Reg. No. 40,202

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

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 TECHNOLOGY CENTER 3700

Transmitted herewith for filing in the above-identified application are the following enclosures:

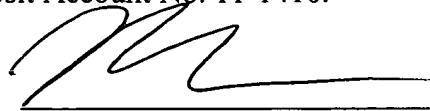
- (X) Amendment in 12 pages.
- (X) Information Disclosure Statement and PTO Form 1449 enclosing one (1) reference.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	28 - 20 = 8	1202 (\$18)	8 x 18 =	\$144
Independent Claims	2 - 3 = 0	1201 (\$86)	0 x 86 =	\$0
Multiple Claim		1203 (\$290)		\$0
1 Month Extension		1251 (\$110)		\$0
2 Month Extension		1252 (\$420)		\$420
3 Month Extension		1253 (\$950)		\$0
IDS		1806 (\$180)		\$180
			TOTAL FEE DUE	\$744

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$744 is enclosed.

- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Rose M. Thiessen
Registration No. 40,202
Attorney of Record
Customer No. 20,995
(619) 235-8550